

MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH
BUREAU OF PUBLIC HEALTH ENGINEERING
Swimming Pool, Spa, Beach & Spray Park Construction or Modifications
Plan and Specification Approval Application

Name of Individual/Officer/Board for Application of Project:	Organization/Company/Institution Name & Address:	
Name of Pool/Spa/Beach/Spray Park:	Municipality: (City/Town/Village)	
Exact Pool/Spa/Beach/Spray Park Location:	Estimated Cost of Project:	
Name of Design Engineer/Architect:	Design Engineer/Architect Address:	
E-Mail Address:	NYS License #:	Telephone #:

Signature of Applicant*:	Mailing Address:
Official Title:	E-Mail Address:

* I hereby agree that the swimming pool and appurtenances will be constructed in accordance with the approved plans and specifications and construction thereof will NOT commence until notified of such approval.

This application must be signed by the owner of the property or by an official of the corporation. The signature of the design engineer or other agent will be accepted if accompanied by a letter of authorization.